



Report Identification Number: SY-20-040

Prepared by: New York State Office of Children & Family Services

Issue Date: Feb 16, 2021

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 6 month(s)

Jurisdiction: Oneida
Gender: Female

Date of Death: 08/26/2020
Initial Date OCFS Notified: 08/26/2020

Presenting Information

Oneida County Department of Social Services received a report from the SCR alleging the mother placed the 6-month-old subject child in her crib at 8PM on the night of 8/25/20 with a blanket and boppie pillow. The mother fed the subject child at 11PM and went to bed at 2AM. The mother did not check on the subject child prior to going to bed. The mother woke at 11AM on the morning of 8/26/20 and found the subject child deceased in her crib; lividity had set in. The mother called 911 and medical personnel responded.

Executive Summary

Oneida County Department of Social Services (OCDSS) received an SCR report on 8/26/20, regarding the death of the six-month-old female infant that occurred on 8/25/20. The subject child resided with the mother, her partner, and her three siblings ages 2, 4, and 7. There was an open CPS investigation at the time of the death regarding matters unrelated to the fatality.

OCDSS conducted a joint investigation with law enforcement and learned that on 8/24/20, the mother placed the infant to sleep in her crib. The mother reported she last saw the infant alive around 10PM when she changed the infant's diaper and fed her a bottle. The infant was placed on her back with her head laying on a u-shaped pillow. There was a blanket in the crib with the infant. The mother went to bed around 2AM. The mother woke around 11AM the following day and went in to check on the infant. The mother found the infant unresponsive, laying on her belly on the opposite end of the crib from where she was placed. The mother called to the 16-year-old cousin who was spending the night at the home to call the maternal grandmother. The maternal grandmother then called law enforcement just after 11AM. First responders arrived and found lividity had set in. The infant was pronounced deceased at the home. The medical examiner determined the infant passed away between 8-10PM.

An autopsy was performed, and the results were pending at the time this report was written. Law enforcement reported there were no suspicious marks or bruises on the infant's body, and she had some fluid in her lungs. The detective stated that the medical examiner ruled the preliminary cause of death to be SIDS, and they had found no foul play or reason to suspect anything other than SIDS. The criminal investigation remained open pending the final autopsy results.

OCDSS assessed the home and sleeping area of the infant. The crib the infant was sleeping in contained blankets and a u-shaped pillow, despite OCDSS having previously educated the mother about safe sleep guidelines. OCDSS determined the home was not sanitary for the surviving siblings and the mother made a safety plan. The mother and siblings went to stay with the maternal great grandmother. The surviving siblings had the same father. The father and surviving siblings were interviewed and had no information regarding the subject child's death.

OCDSS referred the mother and cousin for mental health and bereavement counseling. The investigation remained open at the time of this writing.

Findings Related to the CPS Investigation of the Fatality



Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

No

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

Did child have supervision at time of incident leading to death? Yes

How long before incident was the child last seen by caretaker? 9 Hours

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	6 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	7 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	4 Year(s)
Other Household 1	Aunt/Uncle	No Role	Male	37 Year(s)
Other Household 1	Aunt/Uncle	No Role	Female	41 Year(s)
Other Household 1	Other Child - cousin	Alleged Victim	Female	16 Year(s)
Other Household 2	Father	No Role	Male	27 Year(s)
Other Household 3	Other Adult - father of sibling	No Role	Male	26 Year(s)

LDSS Response

OCDSS began their investigation of the infant's death upon receipt of the SCR report on 8/26/20. They reviewed SCR history and contacted the source of the report and the DA's office. They assessed the siblings and made an immediate safety plan for the children to stay with the maternal great grandmother as the home was deemed unsafe.

OCDSS met with law enforcement and assessed the home, and gathered statements provided by the mother, 16-year-old cousin, and first responders. The home was immediately observed by OCDSS to have food and toys littering the floor. OCDSS observed the subject infant lying in the crib on her stomach with no blanket covering her. There was animal feces in the crib with the subject infant and a substance near the infant's mouth, which appeared to be vomit. The U-shaped pillow was on the opposite end of the crib. OCDSS took photos of the sleeping environment and case address for their file. The mother reported to OCDSS and law enforcement that she last fed the infant around 11PM. She woke around 11AM the following morning, which was out of routine for the subject infant. The mother reported the infant typically woke to be fed between 5 and 6AM. The mother reported the infant was cold to the touch and unresponsive when she went in to check on her.



OCDSS spoke with the 16-year-old cousin who was spending the night at the home. The 16-year-old cousin corroborated the information from the mother. The cousin reported she was drinking and using marijuana with the mother’s partner on the night of 8/25/20. The cousin denied the mother drinking or using drugs. The cousin stated she went to sleep in the mother’s room around 2-3AM, and did not wake until 11AM. The cousin reported she heard the mother screaming that the infant was not breathing. The cousin reported she brought the siblings into a separate room so they would not see what was happening with the subject infant.

The preliminary autopsy report indicated the cause and manner of death to be pending. According to the autopsy report, the subject infant had no known medical history. The infant was found in the prone position in her crib, cool to the touch with rigor mortis and lividity present. Resuscitative efforts were not initiated. The autopsy conducted on 8/27/20 showed no congenital abnormalities, acute disease process, or trauma to account for the death.

Law enforcement and OCDSS spoke with the mother’s partner who denied ever caring for the subject infant or siblings. OCDSS provided the mother’s partner with a referral for substance abuse treatment due to his self-disclosure of abusing illicit substances. The mother’s partner was not receptive to treatment. The mother submitted to a urine toxicology screening at the request of OCDSS and was negative for all substances. Law enforcement spoke with the DA’s office regarding pressing charges against the mother and her partner for providing alcohol and marijuana to the 16-year-old cousin, though the DA’s office declined to charge the adults. OCDSS determined the mother and her partner were persons legally responsible for the cousin and added the allegations of child’s drug and alcohol use and inadequate food, clothing, and shelter against both adults.

OCDSS provided the mother with referrals for mental health and bereavement counseling. The mother was engaged in counseling at the time of this writing. OCDSS provided the 16-year-old cousin with a referral for mental health counseling. The investigation remained open at the time of this writing.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: OCDSS adhered to protocols for joint investigation by notifying the DA's office about the death and coordinating investigative actions with law enforcement.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056201 - Deceased Child, Female, 6 Mons	056202 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Pending
056201 - Deceased Child, Female, 6 Mons	056202 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Pending



Child Fatality Report

056201 - Deceased Child, Female, 6 Mons	056202 - Mother, Female, 27 Year(s)	DOA / Fatality	Pending
056203 - Sibling, Female, 2 Year(s)	056202 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Pending
056203 - Sibling, Female, 2 Year(s)	056202 - Mother, Female, 27 Year(s)	Lack of Supervision	Pending
056204 - Sibling, Male, 7 Year(s)	056202 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Pending
056205 - Sibling, Female, 4 Year(s)	056202 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Pending
056206 - Other Child - cousin, Female, 16 Year(s)	056202 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Pending
056206 - Other Child - cousin, Female, 16 Year(s)	056209 - Mother's Partner, Male, 30 Year(s)	Inadequate Guardianship	Pending
056206 - Other Child - cousin, Female, 16 Year(s)	056202 - Mother, Female, 27 Year(s)	Childs Drug / Alcohol Use	Pending
056206 - Other Child - cousin, Female, 16 Year(s)	056209 - Mother's Partner, Male, 30 Year(s)	Childs Drug / Alcohol Use	Pending
056206 - Other Child - cousin, Female, 16 Year(s)	056202 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Pending

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

OCDSS contacted all necessary collateral sources.

Fatality Safety Assessment Activities



Child Fatality Report

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
 OCDSS offered services to the family related to mental health counseling. Additionally, OCDSS offered the mother's partner substance abuse counseling due to his disclosure that he had a history of marijuana and alcohol use. The mother's partner was not receptive to treatment. The mother was enrolled and engaged in mental health counseling at the time of this writing.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain as necessary:
There was no removal of the siblings.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
OCDSS provided referrals for mental health and bereavement counseling to the mother and cousin of the deceased child. The mother was engaged in mental health counseling at the time of this writing. Substance abuse services were offered to the mother's partner, but he refused. Funeral assistance was offered and refused.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

**Explain:**

Services were offered related to grief counseling and mental health counseling to the older siblings and teenage cousin following the death.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:

Mental health and bereavement counseling services were offered to the parents following the death.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No

Was the child ever placed outside of the home prior to the death? No

Were there any siblings ever placed outside of the home prior to this child's death? No

Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/08/2020	Sibling, Female, 2 Years	Mother, Female, 27 Years	Lack of Supervision	Unsubstantiated	No

Report Summary:

OCDS received a report from the SCR alleging on 8/8/20, the mother failed to adequately supervise the 2-year-old sibling. As a result, the sibling wandered away from the home for approximately 10 minutes.

Report Determination: Unfounded

Date of Determination: 10/07/2020

Basis for Determination:

OCDS determined there was no credible evidence to support the allegations. The 7-year-old sibling unlocked the door by pulling up a chair and using an object to undo the lock. The child let the 2-year-old sibling out the door. The mom found the sibling and got additional locks to prevent future incidents.



OCFS Review Results:

OCDSS completed all casework within the required time frame. OCDSS explored concerns as they arose during the investigation and assisted the family with obtaining a primary care physician. OCDSS exhausted efforts to locate and notify the biological fathers of all the children in the household composition to no avail. Once case objectives were met, OCDSS determined and closed their investigation.

Are there Required Actions related to the compliance issue(s)? Yes No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/27/2019	Other Child - cousin, Female, 4 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Other Child - cousin, Female, 4 Years	Mother, Female, 26 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 26 Years	Lack of Supervision	Unsubstantiated	
	Other Child - cousin, Female, 4 Years	Mother's Partner, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - cousin, Female, 4 Years	Mother's Partner, Female, 26 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 6 Years	Mother's Partner, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Mother's Partner, Female, 26 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 26 Years	Burns / Scalding	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 26 Years	Educational Neglect	Unsubstantiated	
Sibling, Male, 6 Years	Mother, Female, 26 Years	Lack of Medical Care	Unsubstantiated		

Report Summary:

OCDSS received a report from the SCR which alleged the then 6-year-old sibling was a special needs child who required close supervision. On 4/27/19, the 4-year-old cousin was visiting the home. The mother and her partner were downstairs, leaving the sibling and cousin upstairs alone. The children engaged in sexual acts while unsupervised. The 6-year-old sibling had sexual knowledge beyond his years. Subsequent reports were made on 5/9/19 and 5/28/19 pertaining to the sibling's failure to attend school regularly. Another subsequent report was received alleging the 6-year-old child sustained a burn.

Report Determination: Unfounded

Date of Determination: 06/19/2019

Basis for Determination:

OCDSS determined there was no credible evidence to substantiate the allegations. The alleged sexual abuse between the children could not be corroborated. There were concerns the children were found naked together. As a result, parents decided to keep the children separated. It was determined there was no negative impact on the sibling's education due to his failure to attend regularly. Lastly, the sibling sustained an accidental cigarette burn. All adults and children corroborated the events surrounding the burn.

OCFS Review Results:

OCDSS contacted all collateral resources. Though the 7-day safety assessment tool was not completed within the required time frame, safety was assessed and documented in the case record. Notices of Existence were provided to all adults in the household composition. OCDSS collaborated with law enforcement and utilized the CAC to conduct



forensic interviews. The investigation conclusion screen was filled out that the allegation of lack of medical care was to be indicated due to the mother's failure to administer the sibling's ADHD medication; however, the allegation was unfounded and the investigation was unfounded.

Are there Required Actions related to the compliance issue(s)? Yes No

Issue:
Appropriateness of allegation determination

Summary:
Although OCDSS wrote in their investigation conclusion they were substantiating the allegation of lack of medical care, they incorrectly selected "unsubstantiated" in the allegation determination list. Therefore, the case was not indicated as it should have been.

Legal Reference:
FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)

Action:
OCDSS will refer to the CPS Program Manual when determining the appropriateness of allegations, and will take into consideration all information when applying the circumstances to the definition(s).

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/04/2018	Sibling, Male, 5 Years	Mother's Partner, Male, 20 Years	Inadequate Guardianship	Substantiated	No

Report Summary:
Oneida County Department of Social Services received an SCR report alleging on or about 9/29/18, the parent substitute opened a package with a knife. The now 7-year-old sibling was present and acting out toward the parent substitute. In response, the parent substitute lunged at the sibling with the knife. The sibling ran out of the room frightened.

Report Determination: Indicated **Date of Determination:** 02/08/2019

Basis for Determination:
OCDSS determined there was credible evidence to support the allegation. The mother made an admission that the parent substitute was aggressive toward the sibling and went after him with a knife.

OCFS Review Results:
OCDSS conducted home visits and interviewed all family members. OCDSS assessed the siblings who were not of age to be interviewed. OCDSS provided the family with information on safe sleep and assessed safe sleep practice due to a sibling in the home under 1. An SCR history review was conducted, safety and risk assessments were completed within the required time frames. Notices of existence and notices of indication were provided to the adults in the household composition. Efforts were exhausted to locate and notify absent fathers to no avail.

Are there Required Actions related to the compliance issue(s)? Yes No

CPS - Investigative History More Than Three Years Prior to the Fatality

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known history outside of New York.



Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No